



## Council Communication

**TO:** HONORABLE MAYOR AND COUNCILMEMBERS

**FROM:** CATHY TEMPLETON, TOWN CLERK 503-6861

**THROUGH:** PATRICK BANGER, TOWN MANAGER

**MEETING DATE:** APRIL 19, 2012

**SUBJECT:** LIQUOR LICENSE – SOMEBURROS MEXICAN FOOD, 1335 EAST BASELINE ROAD

<b>STRATEGIC INITIATIVE:</b>	N/A
<b>LEGAL REVIEW</b>	<b>FINANCIAL REVIEW</b>
<input type="checkbox"/> Complete	<input type="checkbox"/> Complete
<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A

### RECOMMENDED MOTION

A MOTION TO ISSUE AN ORDER TO RECOMMEND APPROVAL OF A SERIES 12 RESTAURANT LIQUOR LICENSE FOR SOMEBURROS MEXICAN FOOD LOCATED AT OMEEBURROS MEXICAN FOOD, 1335 EAST BASELINE ROAD.

### OR

A MOTION TO ISSUE AN ORDER TO RECOMMEND DENIAL OF A SERIES 12 RESTAURANT LIQUOR LICENSE FOR SOMEBURROS MEXICAN FOOD LOCATED AT SOMEBURROS MEXICAN FOOD, 1335 EAST BASELINE ROAD FOR THE FOLLOWING REASONS (SPECIFIC REASONS FOR DENIAL MUST BE INCLUDED).

### OR

A MOTION TO MAKE NO RECOMMENDATION ON A SERIES 12 RESTAURANT LIQUOR LICENSE FOR SOMEBURROS MEXICAN FOOD LOCATED AT SOMEBURROS MEXICAN FOOD, 1335 EAST BASELINE ROAD (A "NO RECOMMENDATION" RESULTS IN A HEARING BEING SCHEDULED BEFORE THE STATE LIQUOR BOARD).

## **BACKGROUND/DISCUSSION**

Timothy Vasquez is requesting approval of a Series 12 Restaurant Liquor License for Someburros Mexican Food located at 1335 East Baseline Road. *This is a new license.*

A Series 12 Liquor License allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food. *Series 12 licenses are exempt from the 300 foot distance requirement from a church, a school building with any grades K-12 or a fenced recreational area adjacent to a school building.*

Public notice was posted for the required 20-day period in accordance with the Arizona Department of Liquor License and Control posting requirement. No adverse information to justify a denial of this application was received from Planning and Zoning, Building and Code Compliance, Police Department, or from Maricopa County Environmental Services Department. There were no liquor related conditions in the zoning ordinance for this site.

Council's recommendation will be forwarded to the Arizona Department of Liquor License & Control. If Council recommends denial of an application, the minutes must reflect specific reasons, testimony, and other evidence that supports the motion to deny the license applications as required by A.R.S. 4-201.E further defined by Rule R19-1-102 (Attachment 1).

## **FINANCIAL IMPACT**

The license fee for a Series 12 Restaurant Liquor License is \$750 per year.

## **STAFF RECOMMENDATION**

Staff feels such requests are solely Council's prerogative and offers no recommendation on this request.

Respectfully submitted,

  
Cathy Templeton  
Town Clerk

Attachments/Enclosures:

- Attachment 1 – Arizona Department of Liquor Licenses & Control,  
Rule R19-1-102
- Attachment 2 – Liquor License Application

# Attachment 1

## R19-1-102. Granting a License for a Certain Location

Local governing authorities and the Department may consider the following criteria in determining whether public convenience requires, and that the best interest of the community will be substantially served by the issuance or transfer of a liquor license at a particular unlicensed location:

1. Petitions and testimony from persons in favor or opposed to the issuance of a license who reside in, own or lease property in close proximity.
2. The number and series of licenses in close proximity.
3. Evidence that all necessary licenses and permits have been obtained from the state and all governing bodies.
4. The residential and commercial population of the community and its likelihood of increasing, decreasing or remaining static.
5. Residential and commercial population density in close proximity.
6. Evidence concerning the nature of the proposed business, its potential market and its likely customers.
7. Effect on vehicular traffic in close proximity.
8. The compatibility of the proposed business with other activity in close proximity.
9. The effect or impact of the proposed premises on businesses or the residential neighborhood whose activities might be affected by granting the license.
10. The history for the past five years of liquor violations and reported criminal activity at the proposed premises provided that the applicant has received a detailed report(s) of such activity at least 20 days before the hearing by the board.
11. Comparison of hours of operation of the proposed premises to the existing businesses in close proximity.

Arizona Department of Liquor Licenses and Control  
 800 West Washington, 5th Floor  
 Phoenix, Arizona 85007  
 www.azliquor.gov  
 602-542-5141

LOCAL GOVERNING BODY RECOMMENDATION

CITY/TOWN OF Gilbert STATE APPLICATION # 12079043  
 COUNTY OF Maricopa, ARIZONA. CITY/TOWN/COUNTY # \_\_\_\_\_

ORDER # \_\_\_\_\_

At a Regular meeting of the Gilbert Town Council of the City/Town/County  
 (Regular or Special) (Governing Body)

of Gilbert held on the 19 day of April, 2012 the  
 (Day) (Month) (Year)

application of Timothy S. Vasquez for a license to sell spirituous liquors at  
 the premises described in Application # 12079043, License Class Series 12 was  
 considered as provided by Title 4, A.R.S. as amended.

IT IS THEREFORE ORDERED that the APPLICATION of \_\_\_\_\_  
 is hereby recommended for \_\_\_\_\_  
 (approval/disapproval)

a license to sell spirituous liquors of the class, and in the manner designated in the Application.

IT IS FURTHER ORDERED that a Certified Copy of this Order be immediately transmitted to the  
 Department of Liquor Licenses and Control, Licensing Division, Phoenix, Arizona.

\_\_\_\_\_  
 CITY/TOWN/COUNTY CLERK

DATED AT \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_  
 (Day) (Month) (Year)

7A

## Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

RECEIVED

FEB 29 2012

## APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

TOWN OF GILBERT

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day-to-day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

## SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE  
☐ INTERIM PERMIT *Complete Section 5*  
☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*  
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 11, 13, 15, 16*  
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 12, 13, 15, 16*  
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
*Complete Sections 2, 3, 4, 9, 13, 16* (fee not required)  
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

## SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*  
☐ INDIVIDUAL *Complete Section 6*  
☐ PARTNERSHIP *Complete Section 6*  
☒ CORPORATION *Complete Section 7*  
☐ LIMITED LIABILITY CO. *Complete Section 7*  
☐ CLUB *Complete Section 8*  
☐ GOVERNMENT *Complete Section 10*  
☐ TRUST *Complete Section 6*  
☐ OTHER (Explain) \_\_\_\_\_

## SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): 12

2. Total fees attached:

\$ 100 Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

## SECTION 4 Applicant

1. Owner/Agent's Name: Mr. Vasquez Timothy Scott  
 (Insert one name ONLY to appear on license) Last First Middle  
 2. Corp./Partnership/L.L.C.: Sonoburos INC. B1044466  
 (Exactly as it appears on Articles of Inc. or Articles of Org.)  
 3. Business Name: Sonoburos Mexican Food  
 (Exactly as it appears on the exterior of premises)  
 4. Principal Street Location 1335 E. Baseline Rd. Gilbert Maricopa 85233  
 (Do not use PO Box Number) City County Zip  
 5. Business Phone: 480-755-8226 Daytime Contact: Tim 480-625-3251  
 6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO  
 7. Mailing Address: [REDACTED]  
 City State Zip  
 8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

## DEPARTMENT USE ONLY

Fees: 100  
Application

Interim Permit

Agent Change

Club

Finger Prints \$

TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: SG

Date: 2/23/12

Lic. # 12079043

32291

008444

**SECTION 5 Interim Permit:**

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. \_\_\_\_\_
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? \_\_\_\_\_

**ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,  
(Print full name)  
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X \_\_\_\_\_  
(Signature)  
My commission expires on: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year  
\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO  
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

- ☒ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.  
☐ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: Somewhos INC.  
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 10/27/85 State where Incorporated/Organized: AZ
3. AZ Corporation Commission File No.: 01796460 Date authorized to do business in AZ: 10/25/85
4. AZ L.L.C. File No: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
Vasquez	George	Cons	CEO	[REDACTED]	[REDACTED]
Vasquez	Mary	Elizabeth	Sec/Writer	[REDACTED]	[REDACTED]
Vasquez	Timothy	Scott	Pres/Director	[REDACTED]	[REDACTED]

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip
Vasquez	George	Cons	46	[REDACTED]	[REDACTED]
Vasquez	Timothy	Scott	31	[REDACTED]	[REDACTED]
Vasquez	Amy	Elizabeth	13	[REDACTED]	[REDACTED]
Constantini	Jennilyn		10	[REDACTED]	[REDACTED]

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
2. Assignee's Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Governmental Entity: \_\_\_\_\_
2. Person/designee: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: \_\_\_\_\_ Entity: \_\_\_\_\_  
(Exactly as it appears on license) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: \_\_\_\_\_  
(Exactly as it appears on license)
3. Current Business Name: \_\_\_\_\_  
(Exactly as it appears on license)
4. Physical Street Location of Business: Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
6. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
7. Current Mailing Address: \_\_\_\_\_  
(Other than business) Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, \_\_\_\_\_, hereby authorize the department to process this application to transfer the  
(print full name)  
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.  
I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER  
(print full name)  
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

\_\_\_\_\_  
(Signature of CURRENT LICENSEE)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

\_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)**APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE ~~FEE 200.00, test 100.00~~

1. Current Business: Name \_\_\_\_\_  
(Exactly as it appears on license) Address \_\_\_\_\_
2. New Business: Name \_\_\_\_\_  
(Physical Street Location) Address \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
4. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
5. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_

**SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):**

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)  
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: \_\_\_\_\_ ft. Name of school \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
2. Distance to nearest church: \_\_\_\_\_ ft. Name of church \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name GM Vantage Properties  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
- 4a. Monthly rental/lease rate \$ 14,235.01 What is the remaining length of the lease 10 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ N/A or other \_\_\_\_\_  
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ N/A  
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Mexican Food Restaurant

## **SECTION 13 - continued**

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?

☐ YES ☐ NO If yes, attach explanation.

8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☐ NO

9. Is the premises currently licensed with a liquor license? ☐ YES ☐ NO If yes, give license number and licensee's name:

License # \_\_\_\_\_ (exactly as it appears on license) Name \_\_\_\_\_

## **SECTION 14 Restaurant or hotel/motel license applicants:**

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO  
If yes, give the name of licensee, Agent or a company name:

\_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

\_\_\_\_\_  
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

\_\_\_\_\_  
applicants initials

## **SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)**

1. Check **ALL** boxes that apply to your business:

☐ Entrances/Exits

☐ Liquor storage areas

Patio: ☐ Contiguous

☒ Service windows

☐ Drive-in windows

☐ Non Contiguous

2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☐ NO  
If yes, what is your estimated opening date? \_\_\_\_\_

month/day/year

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).

5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

**AMENDMENT**

\_\_\_\_\_  
applicants initials

## SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? ☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:

License # \_\_\_\_\_ (exactly as it appears on license) Name \_\_\_\_\_

## SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☒ NO  
If yes, give the name of licensee, Agent or a company name:

\_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☒ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

\_\_\_\_\_  
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

\_\_\_\_\_  
applicant's initials

## SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows            | <input checked="" type="checkbox"/> Drive-in windows     | <input type="checkbox"/> Non Contiguous               |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO  
If yes, what is your estimated opening date? N/A  
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

\_\_\_\_\_  
applicant's initials

**SECTION 15 Diagram of Premises**

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

See Diagram Attached

**SECTION 16 Signature Block**

I, Timothy Scott Vargis, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]  
(signature of applicant listed in Section 4, Question 1)

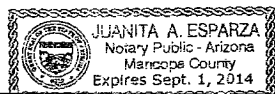
State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

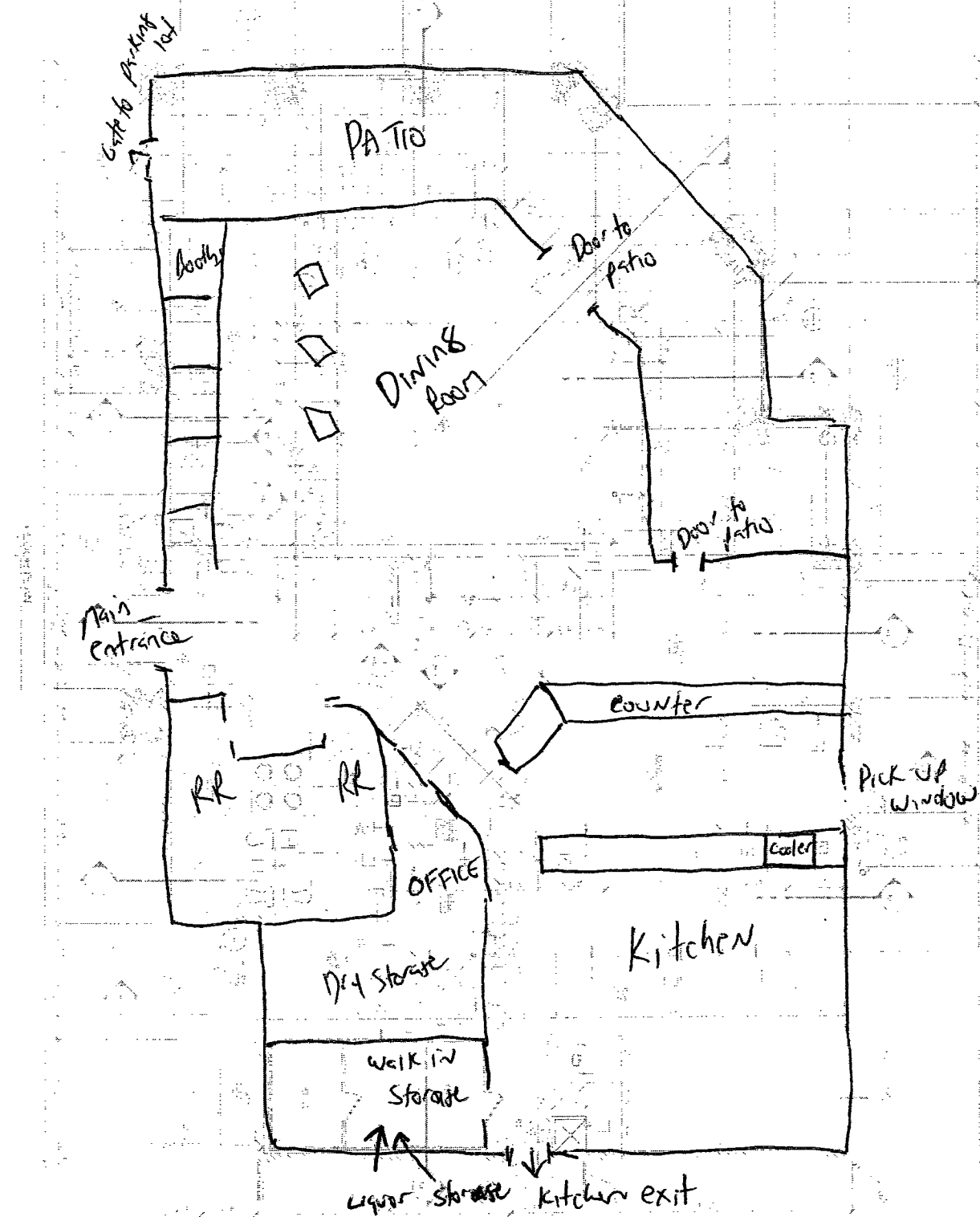
21 of FEBRUARY, 2012  
Day Month Year

[Signature]  
signature of NOTARY PUBLIC

My commission expires on :



Day Month Year



4227  
Sf ft.

~~SOMEBURROS PLAZA  
S.W.C. OF WARNER ROAD  
AND HARVEY DRIVE  
TEMPE, ARIZONA~~ 12

1335 E. Baseline  
Gilbert, AZ 85233

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
 Phoenix, AZ 85007-2934  
 www.azliquor.gov  
 (602) 542-5141

## RESTAURANT OPERATION PLAN

LICENSE # 12079043

## 1. List by Make, Model and Capacity of your:

Grill	Southland 8 burner
Oven	None
Freezer	4 x 6 ft freezer walk-in
Refrigerator	8 x 6 ft walk-in
Sink	3 compartment
Dish Washing Facilities	SINK
Food Preparation Counter (Dimensions)	3 8" x 3" prep table
Other	

2. Print the name of your restaurant: Sonoberry Mexican Food

3. Attach a copy of your menu (Breakfast, Lunch and Dinner including prices).

4. List the seating capacity for:

- a. Restaurant area of your premises [ 90 ]
- b. Bar area of your premises [ + 0 ]
- c. Total area of your premises [ 90 ]

5. What type of dinnerware and utensils are utilized within your restaurant?

☐ Reusable ☒ Disposable

6. Does your restaurant have a bar area that is distinct and separate from the restaurant seating? (If yes, what percentage of the public floor space does this area cover). ☐ Yes \_\_\_\_\_ % ☒ No

7. What percentage of your public premises is used primarily for restaurant dining? (Does not include kitchen, bar, cocktail tables or game area.) 60 %

\*Disabled individuals requiring special accommodations, please call (602) 542-9027

8. Does your restaurant contain any games or television? ☐ Yes ☒ No  
If yes, specify what types and how many of each type (Televisions, Pool tables, Video Games, Darts, etc).

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9. Do you have live entertainment or dancing? ☐ Yes ☒ No  
(If yes, what type and how often?)

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10. Use space below or attach a list of employee positions and their duties to fully staff your business.

counter - take orders, deliver food, answer phones, clean tables

Line cooks - prep food, dish out

Cook - Cook all food

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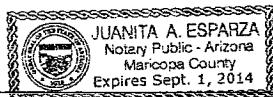
I, Timothy Scott Vasquez, hereby declare that I am the APPLICANT filing this application. I have  
(Print full name)  
read this application and the contents and all statements true, correct and complete.

X [Signature]  
(Signature of APPLICANT)

State of ARIZONA County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

21 day of FEBRUARY, 2012  
Day of Month Month Year

My commission expires on::



[Signature]  
(Signature of NOTARY PUBLIC)

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor  
Phoenix, AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

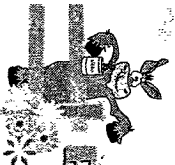
## RECORDS REQUIRED FOR AUDIT

### SERIES 11 (HOTEL/MOTEL/RESTAURANT) AND SERIES 12 (RESTAURANT)

#### MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. General Ledger
  - A. Sales Journals/Monthly Sales Schedules
    - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
    - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
    - 3) Dated Guest Checks
    - 4) Coupons/Specials/Discounts
    - 5) Any other evidence to support income from food and liquor sales
  - B. Cash Receipts/Disbursement Journals
    - 1) Daily Bank Deposit Slips
    - 2) Bank Statements and canceled checks
11. Tax Records
  - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
  - B. Income Tax Return - city, state and federal (copies)
  - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
  - A. Copies of all reports required by the State and Federal Government



# BREAKFAST MENU

Breakfast Served All Day!

## SPECIALTY ITEMS

- El Diablo Scramble** ..... 5.85  
Chorizo, jalapeños, white onions, and potatoes scrambled with eggs, topped with cheese and sour cream. Served with beans and a flour tortilla.
- Verde Scramble** ..... 5.65  
Green chiles scrambled with tomatoes, white onions, potatoes and eggs, with melted cheese and sour cream. Served with beans and a flour tortilla.
- Señor Jorge** ..... 5.85  
Beef tamale is grilled until crispy and served with one fried egg plus a side of our delicious beans and a warmed flour tortilla.
- La Sonrisa** ..... 6.50  
Celebrate a new day with two cheese enchiladas served with red or green sauce, topped with a fried egg and accompanied by our naná's beans.
- Murphy's Rancheros** ..... 6.50  
Two soft corn tortillas are layered with two fried eggs, green sauce and sour cream and then drizzled with our tasty tomato sauce. Served with beans.

## BREAKFAST BURROS

- El Diablo Scramble** ..... 4.85  
Egg, Onion, and Potato..... 3.85
- Verde Scramble** ..... 4.65  
Machaca Beef, Egg, and Potato ..... 3.85
- Chorizo, Egg, and Potato** ..... 3.85  
Bacon, Egg, Cheese, and Potato... 3.85

## LIL' BURROS

- for children 12 and under**
- Bacon and Egg Burrito** with a side of beans and a drink ..... 3.75
- Egg and Cheese Burrito** with a side of beans and a drink ..... 3.75

**Did you know... Somemburros gives back!**

Somemburros will hold your fundraiser at any of our 5 locations

You will receive 20% of the sales that YOU bring in!

Encourage your friends and family to enjoy great Mexican food while supporting your organization!

See manager for details

## MAS GOSAS

	Half Pint	Pint	Quart
Hot Sauce.....	1.75	3.35	5.95
Tomatillo Sauce (Spicy).....	1.75	3.35	5.95
Fresh Churriy Salsa.....	1.95	3.75	6.55
Guacamole.....	3.05	5.95	10.45
Pico de Avocado.....	3.05	5.95	10.45
Jalapeño Cream Cheese.....	3.05	5.95	10.45
Sour Cream.....	2.15	3.95	6.45
Red Enchilada Sauce.....	1.85	3.45	5.95
Green Enchilada Sauce.....	1.85	3.45	5.95
Rice.....	1.75	3.35	5.95
Beans.....	1.75	3.35	5.95
Red or Green Chili Beef.....	3.45	6.50	11.95
One Dozen Beef Tamales in the Husk.....			20.95
One Dozen Green Corn Tamales in the Husk.....			20.95
One Dozen Flour Tortillas.....			3.55
One Dozen Fried Tostada Shells.....			3.95
Crispy Tortilla Bowl.....			1.00 each
Fresh Chips by the Bag			
Small 1.50 • Medium 2.50 • Large 3.95			

## FIESTA PLATTERS



**40 Mexican Miniatures**

Great for entertaining... Easy to serve and delicious! A beautifully arranged and delicious assortment of golden and crunchy miniatures offering ten bean burros, ten red chili burros, ten green chili burros, five beef taquitos and five chicken taquitos. Includes a large bag of chips, hot sauce & guacamole. Serves 10-12

**39.00**

24-hour advance notice requested

## WE CATER!

For more information on catering please call

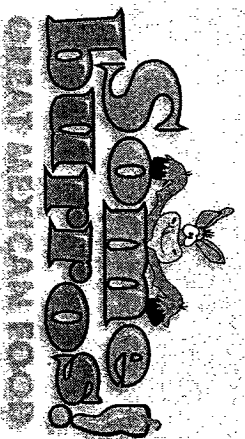
**480-201-TACO (8226)**

Catering menus available upon request. Prices are subject to change.



Also try our enchilada, taco, burrito and pollo fundido platters!

[www.somemburros.com](http://www.somemburros.com)



GREAT MEXICAN FOOD

[www.somemburros.com](http://www.somemburros.com)

## NORTH SCOTTSDALE

Open Daily 9am - 10pm  
**480-443-TACO (8226)**

7501 E. Frank Lloyd Wright Blvd.

Located on Frank Lloyd Wright Blvd. in the Promenade Shopping Center just west of Trader Joe's

## TEMPE

Open Daily 9am - 10pm  
**480-839-TACO (8226)**

101 E. Baseline Rd.  
SE Corner of Mill & Baseline

## CHANDLER

Open Daily 9am - 10pm  
**480-726-TACO (8226)**

3461 W. Frye Road  
Frye Road West of the 101 in front of Target

## STAPLEY

Open Daily 9am - 10pm  
**480-755-TACO (8226)**

1335 E. Baseline Rd.  
SE Corner of Stapley & Baseline

## SAN TAN

Open Daily 9am - 10pm  
**480-497-TACO (8226)**

2597 S. Market St.  
South of Williamsfield Road on Market Street

**ABOUT OUR PHONE ORDER PICK-UP WINDOW...**

For location information, please call 480-201-TACO (8226)

# MUNCHIES DE MEXICO

Cheese Crisp (1 1/4" folded)	3.95	Nachos	4.75
with Green Chile Strips	4.85	with beans, cheese, jalapenos & tomatoes	
with Guacamole	4.95	3 Taquitos - Beef OR Chicken	3.95
with Chorizo	4.95	with guacamole	
with Red OR Green Chili Beef	5.55	3 Mini Chimis with guacamole	4.75
Mexican Pizza	4.85	Fresh Chips by the bag	
Open cheese crisp topped with		Small 1.50 • Medium 2.50 • Large 3.95	
green chili beef, green onions & tomatoes			

## BURRITOS

Bean	3.35	Shredded Chicken	4.05
Red OR Green Chili Beef	3.85	Shredded Beef OR Chicken AND Beans	4.05
Red AND Green Chili Beef	3.85	Chorizo, Egg and Potato	3.85
Red OR Green AND Beans	3.85	Egg, Onion and Potato	3.85
Three-Way: Red, Green AND Beans	3.85	Bacon, Egg, Cheese and Potato	3.85
Shredded Beef (Machaca)	4.05	Veggie Burro (see specialties)	4.95
Shredded Beef, Egg & Potato	3.85	Carne Asada Burro (see specialties)	4.95
Enchilada Style (Red or Green) 1.15 • Deep Fried .95 • Extra Cheese .75			

## TAQOS TOSTADAS

Shredded Beef OR Chicken	2.50	Bean	2.65
Ground Beef and Potato	2.50	Bean with Beef	2.95
Carne Asada	2.50	Bean with Chicken	2.95

## ENCHILADAS TAMALES

Served with Red or Green Sauce		Beef Tamale with Red Sauce	3.35
Cheese Enchilada	2.85	Green Corn Tamale	
Beef Enchilada	3.35	with Green Sauce and Cheese	3.35
Chicken Enchilada	3.35		

## ENSALADAS

Taco Salad served in a crispy tortilla bowl	5.75
(substitute shredded beef or chicken for an additional .75c)	
Chicken Avocado Salad served in a crispy tortilla bowl	5.95
Garden Salad	3.50

## COSITAS AMERICANAS

Hamburger	3.65	Corn Dog	1.85
Cheeseburger	3.95	French Fries	1.55

# COMBINATION COMIDAS

No substitutions, please

#1 Taco, Cheese Enchilada, Rice & Beans	7.75
#2 Taco, Tostada, Rice & Beans	7.95
#3 Taco, Tamale, Rice & Beans	8.15
#4 3 Mini Chimis, Rice, Beans, & Guacamole	7.95
#5 Cheese Enchilada, Tostada, Rice & Beans	7.45
#6 Two Cheese Enchiladas, Rice & Beans	8.15
#7 Red OR Green Chili Burro OR Bean & Cheese Burro, Rice & Beans	7.15
#8 Taco, Tostada, Cheese Enchilada	7.35
#9 Two Tacos, Rice & Beans	7.95
#10 Breakfast Burro, Rice & Beans	7.15
#11 Three Beef OR Chicken Taquitos, Guacamole, Rice & Beans	6.85
#12 Shredded Beef OR Shredded Chicken Burro, Rice & Beans	7.35

## COMBINACIONES

Served deep fried, enchilada style (red or green) with guacamole and sour cream	
Bean	6.55
Red OR Green Chili Beef	7.15
Red AND Green Chili Beef	7.15
Three-Way: Red AND Green AND Beans	7.15
Shredded Chicken	7.35
Shredded Beef (Machaca)	7.35
Chicken OR Shredded Beef AND Beans	7.35

## COSAS PEQUEÑAS

Refried Beans	1.75	Sour Cream	.95
Whole Pinto Beans	1.75	Jalapeno Cream Cheese	1.35
Rice	1.75	Guacamole	1.35
Flour Tortilla	.80	Pico de Avocado	1.35
Buttered Flour Tortilla	.95	Jalapenos	.65
3 Corn Tortillas	.95	Veggie Salsa	.75
Green Chili OR Red Chili	3.45	Hot Sauce	1/2 pint 1.75
Shredded Chicken OR Beef	3.75	Tomatillo Sauce (Spicy)	.75
Fried Egg	.70		

## EXTRAS

Enchilada Style (red or green)	1.15
Deep Fried	.95
Extra Cheese	.75

## PARA LOS NIÑOS

Taco • Bean Burrito • Two Chicken or Beef Taquitos • Mini Cheese Crisp  
All served with whole or refried beans or rice, plus churro and kid's drink

# LOS ESPECIALS

POLLO FUNDIDO	7.95
Marinated chunks of chicken breast wrapped in a flour tortilla then deep fried and topped with jalapeno cream cheese, grated cheddar, and green onions. Served with rice.	

## BORRACHO BURRO

Soft flour tortilla filled with green chili beef, covered with green sauce and melted cheese, topped with sour cream and guacamole.	6.95
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## CARNE ASADA BURRO

Thin slices of flavorful grilled steak, beans, rice and pico de avocado are wrapped together in a soft flour tortilla. Delicious!	4.95
---	------

## VEGGIE BURRO

Flour tortilla filled with tasty whole pinto beans, cheddar cheese, fresh avocado, cilantro, tomatoes, and white onions with side of veggie salsa.	4.95
--	------

## TESTADA VEGAN

Crispy flour tortilla layered with delicious green chili beef, grated cheddar cheese, lettuce, diced tomatoes, and sour cream.	5.95
--	------

## CRUDO BURRO (Spicy)

Our juicy and tender machaca beef combined with a spicy, light and tasty green tomatillo sauce. Served with rice.	6.25
---	------

## PONCHO VILLA

Soft flour tortilla filled with red chili beef, covered with red sauce and melted cheese, topped with sour cream and guacamole.	6.95
---	------

## ROD BURRO

A warmed flour tortilla filled with green and red chili beef, refried beans, chorizo and white onions, then topped with both red and green enchilada sauce and melted cheese.	6.95
---	------

## ALBUQUERQUE'S SOUP (Served October thru May)

Seasoned meatballs served with rice in a savory broth with a flour tortilla on the side.	3.15/Cup 4.85/Bowl
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## DULCES

Cinnamon Crispies with Whipped Cream	2.65	3 Apple Burritos	3.95
Churro	.95	3 Cherry Burritos	3.95

## BEBIDAS

Bottled Water	1.50
Orange Juice	1.75
Milk / Chocolate Milk	Small 1.50 • Large 1.95
Coffee / Hot Tea	Small 1.55 • Large 1.95
Hot Chocolate	Small 2.15 • Large 2.70
Horchata (salty, no refills)	
Small	20 oz. 1.75 Medium 32 oz. 1.95 Large 44 oz. 2.15

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

FP current 7-10  
P1063198 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079043

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19)  
☒ Agent (Complete Questions 1-19)  
☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager

2. Name: Vasquez Timothy Scott Date of Birth: \_\_\_\_\_  
Last First Middle (NOT a Public Record)

3. Social Security Number: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State: AZ  
(NOT a public record) (NOT a public record)

4. Place of Birth: Mesa AZ USA Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: \_\_\_\_\_

6. Name of Current or Most Recent Spouse: Vasquez Julianne Mae Amithi Date of Birth: \_\_\_\_\_  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: 10/2/1975

8. Telephone number to contact you during business hours for any questions regarding this document. 480-628-3251

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Somaburras Mexican Food Premises Phone: 480-755-8226

11. Physical Location of Licensed Premises Address: 1335 E. Baseline Rd. Gilbert Marijuana AZ 85233  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
5/96	CURRENT	Restaurant Manager/owner	Somaburras 2727 W. Frye Rd #205 Chandler, AZ 85227

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
6/08	CURRENT	OWN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12/01	6/08	OWN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

If you checked the Manager box on the front of this form skip to # 15

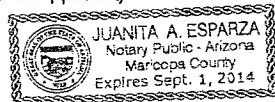
14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? \_\_\_\_\_, and answer #14a below. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.

**SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED**

20. I, Timothy Scott Kigut, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Signature]  
(Signature of Applicant)



My commission expires on: \_\_\_\_\_

Day Month Year

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this  
21 day of FEBRUARY 2012  
Month Year

[Signature]  
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

[Signature]  
(Signature of NOTARY PUBLIC)

X [Signature]  
Signature of Controlling Person or Agent (circle one)

Timothy Scott Kigut  
Print Name

My commission expires on: \_\_\_\_\_

Day Month Year

112 FEB 23 11:41 AM 1242

February 8, 2012

To whom it may concern,

I am currently the liquor agent for the following licenses/business:


License # 1207842

Someburros Mexican Food

7501 E. Frank Lloyd Wright Blvd.

Scottsdale, AZ 85260

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Vasquez', with a stylized, cursive script.

Tim Vasquez

112 FEB 23 10:41 AM Dept 001242



# ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License  
Department of Liquor Licenses and Control

Liquor License #: 12079043

Ownership Name: Somewhere Inc.  
(as listed on the current liquor license application or renewal application)

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

**Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

## SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) Timothy Scott Vexler DATE 2/6/12

TYPE OF APPLICATION (check one) ☒ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE 12 - restaurant

## SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

**Directions:** Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: US passport

A. Are you a citizen or national of the United States? (check one) ☒ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City Mesa State (or equivalent) AZ Country or Territory Mexico

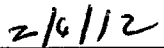
If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

12 FEB 23 14:42 PM1242

**SECTION IV — DECLARATION**

**All applicants must complete this section.** I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

  
\_\_\_\_\_  
APPLICANT'S SIGNATURE

  
\_\_\_\_\_  
TODAY'S DATE

[illegible]

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

FD063685 J  
FP Current 7-1

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLIC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLIC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079043

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager ☐ Agent ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete # 21

2. Name: COSTANTINI JENNIFER Date of Birth: 1/20/1979  
Last First Middle (NOT a Public Record)

3. Social Security Number: [REDACTED] Drivers License: [REDACTED] State: AZ  
(NOT a public record) (NOT a public record)

4. Place of Birth: PHOENIX AZ US Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]  
City State Country (not country)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: [REDACTED]

6. Name of Current or Most Recent Spouse: WALKER-COSTANTINI ANTHONY JAMES Date of B. [REDACTED]  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: 12/20/1979

8. Telephone number to contact you during business hours for any questions regarding this document. 480-244-0696

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: SOMEBURROS Mexican Food Premises Phone: 480-755-8222

11. Physical Location of Licensed Premises Address: 1385 E. Baseline Rd Gilbert Maricopa 85233  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
1/2002	CURRENT	SOMEBURROS Inc.	SOMEBURROS Inc - Tim or George Vasquez 2727 W. Frye Rd. Chandler, AZ 85224 Ste 205

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
1/2008	CURRENT	own	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12/00	12/07	own	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5/2005	12/00	own	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?

☐ YES ☒ NO

If you answered YES, how many hrs/day? \_\_\_\_\_, and **answer #14a below**. If NO, skip to #15.

14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)

☐ YES ☐ NO

If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.

15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)?

☐ YES ☒ NO

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved?

☐ YES ☒ NO

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state?

☐ YES ☒ NO

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?

☐ YES ☒ NO

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?

☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.

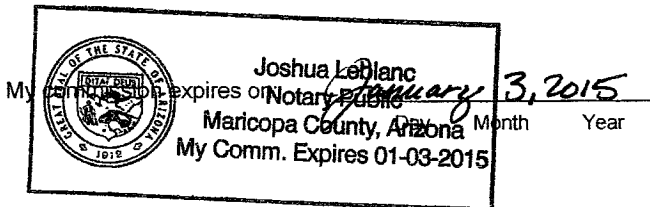
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. Jennilyn Costantini, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this  
13 day of February, 2012  
Month Year

[Signature]  
(Signature of NOTARY PUBLIC)



**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

X \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one)

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

\_\_\_\_\_  
Print Name

My commission expires on: \_\_\_\_\_  
Day Month Year

February 13, 2012

To Whom It May Concern,

I am currently the liquor agent for the following licensee/business:

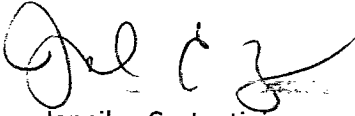
License # 12078432

Someburros Mexican Food

7501 N. Frank Lloyd Wright Blvd.

Scottsdale, Arizona 85260

Sincerely,

A handwritten signature in black ink, appearing to read "Jennilyn Costantini".

Jennilyn Costantini

12 FEB 23 09:10 PM '12

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

FP Current 7-10  
P1006304 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079043

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19)  
Controlling Person or Agent must complete #21 for a Manager  
☐ Agent  
☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete # 21

2. Name: VASQUEZ GEORGE CONS Date of Birth: [REDACTED]  
Last First Middle (NOT a Public Record)

3. Social Security Number: [REDACTED] Drivers License: [REDACTED] State: ARIZ  
(NOT a public record) (NOT a public record)

4. Place of Birth: TEMPE ARIZ USA Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]  
City State Country (not country)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: [REDACTED]

6. Name of Current or Most Recent Spouse: VASQUEZ MARY E. Date of Birth: [REDACTED]  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 8/8/99

8. Telephone number to contact you during business hours for any questions regarding this document. 480 861 0636

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Sombyrres Mexican Food Premises Phone: 480-755-8210

11. Physical Location of Licensed Premises Address: 1335 E. Baseline Gilbert ARIZONA  
Street Address (Do not use PO Box #) City State Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
7/1986	CURRENT	OWNER	SOMBYRRES INC. 2727 W. FRYE RD. AZ 85224

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
9/2009	CURRENT	OWN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12/1991	9/2009	OWN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\*12 FEB 23 Lique. Dept PM12:42

February 6, 2012

To whom it may concern:

I am currently the liquor agent for the following licensees/businesses:

**License # 12070465**

Ponchos Mexican Food Restaurant

7202 S. Central Ave.

Phoenix, Arizona 85042

**License # 12078432**

Someburros Mexican Food

7501 N. Frank Lloyd Wright Blvd.

Scottsdale, Arizona 85260

Sincerely,

A handwritten signature in black ink, appearing to read "George Vasquez", written in a cursive style.

George Vasquez

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

FP Current 7-10  
PLOG 3199 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DCLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DCLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079043

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☐ Agent (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: VASQUEZ AMY ELIZABETH Date of Birth: \_\_\_\_\_  
Last First Middle (NOT a Public Record)

3. Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: AZ  
(NOT a public record) (NOT a public record)

4. Place of Birth: PHOENIX AZ USA Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State Country (not county)

5. Marital Status ☒ Single ☐ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: \_\_\_\_\_

6. Name of Current or Most Recent Spouse: N/A Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 07/23/77

8. Telephone number to contact you during business hours for any questions regarding this document. 480 980 3616

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: SOMEVUROS MEXICAN FOOD Premises Phone: 480-755-8226

11. Physical Location of Licensed Premises Address: 1335 E. BAEGLINE RD. GILBERT MARIQUA 85233  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
04/05	CURRENT	OWNER + OP. MANAGER	SOMEVUROS MEXICAN FOOD: 1335 E BAEGLINE RD, GILBERT, AZ 85233

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
07/06	CURRENT	OWN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? \_\_\_\_\_, and **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" **YOU MUST** attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.

**SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED**

20. I, ELIZABETH AMY VITKOFER, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X \_\_\_\_\_  
(Signature of Applicant)

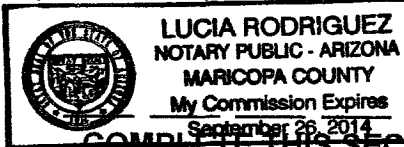
State of AZ County of Maricopa

The foregoing instrument was acknowledged before me this  
13 day of February, 2012  
Month Year

Lucia Rodriguez  
(Signature of NOTARY PUBLIC)

My commission expires on:

26-9-2014  
Day Month Year



**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

X \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

\_\_\_\_\_  
Print Name

My commission expires on:

\_\_\_\_\_  
Day Month Year

12 FEB 23 11:42 AM

February 13, 2012

To Whom It May Concern,

I am currently the liquor agent for the following licensee/business:

License # 12078432

Someburros Mexican Food

7501 N. Frank Lloyd Wright Blvd.

Scottsdale, Arizona 85260

Sincerely,

A handwritten signature in black ink, appearing to read 'AEV', is written over the printed name.

Amy E. Vasquez

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

12 FEB 23 Lgr. Dept #1242

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

current 7/10  
P1063197 SG

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLCC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLCC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079043

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19)  
Controlling Person or Agent must complete #21 for a Manager  
☐ Agent  
☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete # 21

2. Name: VARGAS Last Mary First Elizabeth Middle Date of Birth: [REDACTED] (NOT a public record)

3. Social Security Number: [REDACTED] Drivers License #: [REDACTED] State: AZ  
(NOT a public record) (NOT a public record)

4. Place of Birth: Phx City AZ State US Country (not county) Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: [REDACTED]

6. Name of Current or Most Recent Spouse: VARGAS Last George First Cons Middle Maiden Date of Birth: [REDACTED] (NOT a public record)  
(List all for last 5 years - Use additional sheet if necessary)

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: 7/29/1979

8. Telephone number to contact you during business hours for any questions regarding this document. 480-204-3840

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: 1335 E. Dahlia Rd. Gilbert Premises Phone: 480-755-8226

11. Physical Location of Licensed Premises Address: 1335 E. Dahlia Rd. Gilbert City Mesa County 85223  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
7/86	CURRENT	Owner	Smoking 2727 W. Fifth Rd Chandler, AZ 85224

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
9/2009	CURRENT	own	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12/1999	9/2009	own	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

\*12 FEB 23 14:00 PM1242

February 21, 2012

To whom it may concern,

I am currently the liquor agent for the following license/business:

License #12078432  
Someburros Mexican Food  
7501 N. Frank Lloyd Wright Blvd.  
Scottsdale, AZ 85260

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Vasquez". The script is cursive and fluid, with the first name "Mary" and last name "Vasquez" clearly distinguishable.

Mary Vasquez